Place for Psychological Testing and Teaching Centers (PTTC) in the Management of the Mental Health and Wellness of the Public

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Agenda

- A Practical Exercise – The Yearly Check-Up
- PTTC – a proposal for 21st century mental health
- Current Mental Health Issues and Challenges
- The Bottom Line
- The benefits of PTTC
- PTTC in Practice - a review of 3 patient cases
- Pilot Program
- Questions
A Practical Exercise

- Physical yearly check-ups always involve tests

- But what if the doctor made conclusions without performing any tests?

- What about psychological problems and issues?
Psychological Testing and Teaching Centers (PTTC) - a proposal for 21st century mental health

PTTC

- primary psychological care units that are:
  - able to refer individuals quickly and effectively to required medical practitioners
  - based on testing expertise and coordination capacity

PTTC is a new solution to:

- misdiagnosis
- inaccurate treatment
- patient drop out rates
Canadian Mental Health Issues

- Mental illnesses indirectly affect all Canadians through illness in a family member, friend or colleague.

- Twenty percent of Canadians will personally experience a mental illness during their lifetime.

- Mental illnesses affect people of all ages, educational and income levels, and cultures.

- The onset of most mental illnesses occurs during adolescence and young adulthood.

- A complex interplay of genetic, biological, personality and environmental factors causes mental illnesses.

Current Mental Health Challenges

- Mental illnesses can be treated and are costly to the individual, the family, the health care system and the community.

- The economic cost of mental illnesses in Canada was estimated to be at least $7.331 billion in 1993.

- Eight-six percent of hospitalizations for mental illness in Canada occur in general hospitals.

- In 1999, 3.8% of all admissions in general hospitals (1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behaviour.

- The stigma attached to mental illnesses presents a serious barrier not only to diagnosis and treatment but also to acceptance in the community.

The Bottom Line

Economic Impact of Mental Illness in Canada
- Major productivity loss - $14.4 Billion (under-estimated)
- Major health care costs – 160 days versus 27 day stays

Factors for success
- Correct diagnosis is critical
- Customized treatment plans for individuals are needed

Source: Stephens and Joubert, 2001
The Benefits of PTTC

1. Improved service delivery & increase effectiveness
2. Decreased cost of psychological services per person
3. Decreased number of drug prescriptions
4. Increased in public productivity
5. A focused national approach to mental health issues
6. The development of a comprehensive resource database
7. The dissemination of evidence based information on mental health and illness
8. The establishment of training partnerships
Patient A, B and C, women ages 35, 40 and 38 respectively reported identical complaints:

- Insomnia
- Lack of appetite
- Internal Anguish
- Bouts of anxiety

Instead of being prescribed medication, each patient was sent to a PTTC for psychological testing.
Psychological Testing

1. Minnesota Multiphasic Personality Inventory (MMPI)

2. Semantically Mediated Analysis of Responses and Teaching (SMART) for Subconscious Identification

3. Color Association Test (CAT)
Minnesota Multiphasic Personality Inventory (MMPI)

- One of the most widely used personality tests in mental health
- The questionnaire performed on computers
- Objective: to identify normalcy or psychopathological conditions
Semantically Mediated Analysis of Responses and Teaching (SMART) for Subconscious Identification

- A psychoprobing test for identifying a patient’s subconscious responses to semantic images and text.

- The semantic text or images are immediately masked by a row of numbers or scrambled images which is seen on screen.

- Objective: to identify motivational hot spots
Semantically Mediated Analysis of Responses and Teaching (SMART) for Subconscious Teaching

- Utilizing SMART technology, once motivational hot spots have been identified, a patient’s subconscious mind is re-taught to balance negative hot spots.

- Hot spot words are matched with negative emotions and subconsciously displayed on screen to cancel the mind’s association.

- Objective: to subconsciously re-teach the mind to mitigate negative motivational hot spots and restore the harmony of the patient’s inner world
Color Association Test (CAT)

- An association test for linking emotions and hot spots in the subconscious mind through color.
- Patients are subjected to a series of exercises where they label opposite emotions, associate them with colors and indicate their color preferences.
- Objective: to find how motivational hot spots associate with a patient’s emotions.
Patient A, Age 35
- With such high level of depression, suicide risk (2) and anxiety, tension (Psychasthenia) (7), patient A has basis for urgent consultation with Neurologist.

Patient B, Age 40
- Test results describe an accentuation of neurotic type patient, borderline depression (2). This patient requires appointment with Psychologist to work on self worth and confidence.

Patient C, Age 38
- Test results showed signs of hypochondria (1) (concern with bodily symptoms) and Schizophrenia (8) (odd thinking and social alienation) therefore this patient requires earliest appointment with Psychiatrist.
The Path of Patient A

Test 2: SMART

- Hot spots of the subconscious mind are indicated in red which depicts statistically significant results.

- In this case, Patient A revealed inner conflicts with:
  - Sex with man
  - Sex abuse
  - Husband
  - Work
The Path of Patient A - Test 3: CAT

- The image depicts the state of the Patient A’s subconscious mind at the time of testing.
The Path of Patient A
Subconscious Teaching using SMART

- The image depicts the state of the Patient A’s subconscious mind, four weeks after subconscious teaching.
The Path of Patient B

Test 1: MMPI

- Test results describe an accentuation of neurotic type patient, borderline depression (2).

- This patient requires appointment with Psychologist to work on self worth and confidence.
The Path of Patient B

Test 2: SMART

- Hot spots of the subconscious mind are indicated in red which depicts statistically significant results.

- In this case, Patient B revealed inner conflicts with:
  - Appearance
  - Overweight
  - Your Body
The Path of Patient B - Test 3: CAT

- The image depicts the state of the Patient B’s subconscious mind at the time of testing.
The Path of Patient B
Subconscious Teaching using SMART

- The image depicts the state of the Patient B’s subconscious mind, five weeks after subconscious teaching.
The Path of Patient C

Test 1: MMPI

- Test results showed signs of hypochondria (1) (concern with bodily symptoms) and Schizophrenia (8) (odd thinking and social alienation) therefore this patient requires earliest appointment with Psychiatrist.
The Path of Patient C

Test 2: SMART

- Hot spots of the subconscious mind are indicated in red which depicts statistically significant results.

- In this case, Patient C revealed inner conflicts with:
  - Shopping
  - Money
  - Overspending
The Path of Patient C - Test 3: CAT

- The image depicts the state of the Patient C’s subconscious mind at the time of testing.
The Path of Patient C
Subconscious Teaching using SMART

- The image depicts the state of the Patient C’s subconscious mind, three weeks after subconscious teaching.
Summary of 3 Patient Cases
PTTC in Practice

- Despite the initial identical complaints, the three patients discussed have:
  - various degrees of disadaptations
  - various "breakdown" of mechanisms of socio-psychological adaptation

- Therefore, they have radically different areas of correction for their varying conditions.
PTTC Pilot Program

- The PTTC pilot program objective is to create a single, unified approach for the mental health industry

- A pilot centre is used as a primary psychological care unit, with testing expertise and coordination capacity to refer individuals quickly and effectively to the required medical practitioners.

- The pilot program is fully aligned with the mission of the Mental Health Commission and Federal, Provincial and local authorities.

- It is designed to improve service delivery and productivity as well as decrease service costs.
How does the PTTC pilot program work?

- In order to commence the program, phase 1 ($400K) is funded by pilot program members.

- Each Pilot member contributes a share of the cost of the program.

- To ensure wide participation, contributions from members are not required to be of equal amounts.

- Participating members form the Program Management Board of the project.

- An independent, eminent physician/scientist in the field will be contracted to report to the Program Management Board.

- NPT participates as a board member and provides the testing, technologies and expertise as well as in-field support for the program.
Pilot Program Format

**Phase 1: The Pilot Program Design** ($400K – 4 months)
- Recruit Pilot lead physician/scientist
- Hold consultations to identify requirements
- Commence general trial design
- Develop target application designs
- Create procedure tests
- Develop Funding Plan for Phase 2

**Phase 2: The Pilot Program Execution** ($2 – 3 Million – 1 year)
Potential Pilot Participants

- Mental Health Commission
- Federal authorities
- Provincial authorities
- Local authorities
- Clifford Beers Foundation
- Direct participation or observer status by other agencies as may be considered appropriate
- and YOU!
Next Steps

- We are scheduling meetings with potential pilot program members who have expressed interest.

- If you would like more information, please contact us at info@northampsychotech.com

- For those interested in participating in the PTTC pilot program, please let us know by May 18, 2009.
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